

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7		1			57					
8		2			58					
9	1	1			59					
10		1			60					
11		2			61					
12					62					
13		1			63					
14		2			64					
15					65					
16					66					
17					67					
18					68					
19					69					
20					70					
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22					72					
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29					79					
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36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	4									
TOTAL DEP.	13									
TOTAL CLAIMS	17									